

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	i					
2	i					
3	i					
4	i					
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TOTAL IND.	7					
TOTAL DEP.	3					
TOTAL CLAIMS	10					

	IND	DEP	IND	DEP	IND	DEP
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